

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/292,275

FILING DATE

4/15/99

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
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30						
31						
32						
33	1					
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47	1					
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	1st AMEND		2nd AMEND		3rd AMEND	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55	1					
56						
57						
58						
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95						
96						
97						
98						
99						
100						
TOTAL IND.	4		1		1	
TOTAL DEP.	54		0		2	
TOTAL CLAIMS	58		1		3	